



Regulatory and Economic Resources
Herbert S. Saffir Permitting and Inspection Center
11805 SW 26th Street
Miami, Florida 33175-2474
786-315-2100

miamidade.gov/development

REQUESTED REVIEWS

- | | | | | | |
|--|--------------------------------------|--|--|-------------------------------|-------------------------------|
| <input type="checkbox"/> ALL | <input type="checkbox"/> BLDG | <input type="checkbox"/> DERM | <input type="checkbox"/> ELEC | <input type="checkbox"/> ENRG | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> HCAP | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> MECH | <input checked="" type="checkbox"/> PLUM | <input type="checkbox"/> PWKS | <input type="checkbox"/> PWCC |
| <input type="checkbox"/> ROOF | <input type="checkbox"/> SIGN | <input checked="" type="checkbox"/> STRU | <input checked="" type="checkbox"/> ZNPR | <input type="checkbox"/> WASD | |
| <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK <input type="checkbox"/> OPTIONAL PLAN REVIEW | | | | | |
| <input type="checkbox"/> BLDG <input type="checkbox"/> ELEC <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> STRU | | | | | |

Dear Applicant:

Please complete the following information for notification on the status of your plans.

Applicant's First Name: (PRINT CLEARLY) HARRY Last Name: (PRINT CLEARLY) SANCHEZ

Cellular Number: 313 771 7714 Office/Home Number: _____

EMAIL Address: HARRY.DESIGN@ATT.NET

Comments:

Re-Work

NOTE: IF AN EMAIL ADDRESS WAS PROVIDED YOU WILL BE NOTIFIED VIA EMAIL AND/OR AUTOMATIC TELEPHONE CALL CONCERNING THE STATUS OF YOUR PLANS

-FOR OFFICE USE ONLY-

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

Application Date: 1/14/15 Clerk Name: [Signature] Arrival Time: 10:18a

Process No(s): 2015044387

- | | | | |
|---|-------------------------------------|--|---------------------------------------|
| <input checked="" type="checkbox"/> Walk-Thru | <input type="checkbox"/> Drop-Off | <input type="checkbox"/> Rework | <input type="checkbox"/> Re-Issue |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Plan Revision | <input type="checkbox"/> Shop Drawing |

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

BLDG <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HCAP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ROOF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DERM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LAND <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SIGN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ELEC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MECH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	STRU <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ENRG <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PLUM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ZNPR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
FIRE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WASD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HRS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Miami Dade County Department of Regulatory and Economic Resources

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Customer Notified By: _____ Date: ____/____/____ Time: ____:____